

CLAIMS ONLY

Application Number 1-15

Application Number
10-698 958

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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48						
49						
50						
Total Indep.	3					
Total Depend.	20					
Total Claims	23					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep.						
Total Depend.						
Total Claims						